03-17-09

PTO/SB/22 (02-09) Approved for use through 03/31/2009. OMB 0651-0031 ERCE umber.

Under the Paperwork Reduction Act of 1995, no persons are	required to respond to a col		J.S. DEPARTMENT OF COMM if displays a valid OMB control n		
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)			
FY 2009 (Fees pursuant to the Consolidated Appropriations Act		8331	3(303989)		
Application Number 10/572,175-Conf	Filed May 16, 2007				
For ISOLATED PHOTOPROTEIN MTCLYTIN, A	AND USE THEREOF	:			
Art Unit 1656		Examiner	K. C. Carlson		
This is a request under the provisions of 37 CFR 1.136 application.	6(a) to extend the peri	od for filing a reply in	the above identified		
The requested extension and fee are as follows (check	k time period desired	and enter the appropr	riate fee below):		
	<u>Fee</u>	Small Entity Fee	•		
One month (37 CFR 1.17(a)(1))	\$130	\$65	\$		
x Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$490.00		
Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$		
Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$		
Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$		
Applicant claims small entity status. See 37	CFR 1.27.				
A check in the amount of the fee is enclosed					
Payment by credit card. Form PTO-2038 is					
x The Director has already been authorized to		application to a Depo	osit Account.		
The Director is hereby authorized to charge Deposit Account Number 04-1105					
WARNING: Information on this form may become Provide credit card information and authorization		formation should not b	e included on this form.		
I am the applicant/inventor.	1 UII F 1 U-2036.	•			
assignee of record of the entire Statement under 37 CFR).		
x attorney or agent of record. Re	, ,	29,325			
attorney or agent under 37 CF	R 1.34.				
Registration number if acting	under 37 CFR 1.34				
MINZ		Mond	16,2009		
Signature			Date		
Ralph A. Loren	(617) 239-0233				
Typed or printed name		Telepho	one Number		
NOTE: Signatures of all the inventors or assignees of record of the than one signature is required, see below.	e entire interest or their repr	esentative(s) are required.	Submit multiple forms if more		
Total of 1 forms are sub	omitted.				

10572175 00000083 041105 03/17/2009 CCHAU1

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490.00 DA

PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number

Under the Paperwork Reduction Act of 1995, no Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 20			Сол	nplete if Know	73	
Foos pursuant to the Consolidated Appropriations Act. 20						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Nun	nber	10/572,175-Conf. #7833		
FEE TRANSMITT	Filing Date		May 16, 2007			
For FY 2009	First Named Inv		Svetlana Markova			
			K. C. Carlson			
Applicant claims small entity status. See 37 CF		Art Unit		1656		
TOTAL AMOUNT OF PAYMENT (\$) 49	Attorney Docket	No.	83313(303989)			
METHOD OF PAYMENT (check all that apply	/)					
Check Credit Card Money Ord	der Nor	ne Other (please identi	ify):	·	
X Deposit Account Deposit Account Number:	04-1105	Deposit	Account Nam	ne: Edwards Angel	l Palmer &	Dodge LLP
For the above-identified deposit account,	the Director is	hereby authorize	ed to: (che	ck all that apply)		
x Charge fee(s) indicated below		Charg	e fee(s) in	dicated below, ex	cept for t	he filing fee
Charge any additional fee(s) or under 37 CFR 1.16 and 1.17	erpayments of	x Credit	any overp	payments		
FEE CALCULATION			***			
1. BASIC FILING, SEARCH, AND EXAMINATIO	N FEES					
FILING FEES		ARCH FEES	EXAMI	NATION FEES		
Small Er Application Type Fee (\$) Fee (\$		Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos I	Paid (\$)
Utility 330 165	540	270	220	110	1 663 1	aiu (v)
Design 220 110		50	140	70		* * * * * * * * * * * * * * * * * * * *
		165	170	85		
Reissue 330 165	540	270	650	325		
Provisional 220 110	0	0	0	0		
2. EXCESS CLAIM FEES					Fan (\$)	Small Entity
Fee Description Feeb claim over 20 (including Paigner)					Fee (\$)	<u>Fee (\$)</u>
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissu	.os)				52	26
Multiple dependent claims	168)				220	110
	-	- D-11(A)			390	195
Total Claims	-	ee Paid (\$)		Multiple Depende		
- or HP = x HP = highest number of total claims paid for, if greater than	. =		<u>F</u> (<u>ee (\$)</u> <u>F</u>	ee Paid (§	<u> </u>
		o Daid (C)				
Indep. Claims Extra Claims Fee (\$)	. <u>- </u>	ee Paid (\$)				
- or HP = X HP = highest number of independent claims paid for, if grea						
3. APPLICATION SIZE FEE	isor than o.					
If the specification and drawings exceed 100 sh	eets of paper ((excluding electro	onically fi	iled sequence or a	computer	
listings under 37 CFR 1.52(e)), the application)
sheets or fraction thereof. See 35 U.S.C. 41(•		
Total Sheets Extra Sheets Nu	mber of each a	dditional 50 or frac	tion there	of <u>Fee (\$)</u>	Fee l	Paid (\$)
100 = /50 =	·	(round up to a who	le number)	x =	I	
4. OTHER FEE(S) Non English Specification \$130 for (no eme	ئامىلام ال	\ 4 \			<u>Fees</u>	Paid (\$)
Non-English Specification, \$130 fee (no sma Other (e.g., late filing surcharge): 1252 Exte	•	•	econd m	anth	40	0.00
		Porioo main o			43	0.00
SUBMITTED BY	1	Registration No.				
Signature		(Attorney/Agent)	29,325	Telephone	(617) 23	9-0233
Name (Print/Type) Ralph A. Loren				Date Mind	16. 2/10	29

25 /				•				PTO/SB/17 (10
Under the Page	erwork Reduction A	act of 1995, no perso	on are requi	U.S. red to respond to a c	Patent and Tr	ademark Office; t	hrough 06/30/2010 J.S. DEPARTMEN displays a valid C	T OF COMME
3/				100 10 100 00 10 10 10 10		plete if Kno	,	
	Effective on 12/08/2004. Suant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Nun		10/572,175-0		_	
FEE TRANSMITTAL		Filing Date		May 16, 2007				
			First Named Inv	ventor S	Svetlana Mar	kova		
For FY 2009		Examiner Name K.		K. C. Carlson				
Applicant claims	small entity statu	s. See 37 CFR 1.2	27	Art Unit	•	1656		4
TOTAL AMOUNT OF PA	YMENT	(\$) 490.00)	Attorney Docket	No. {	33313(30398	9)	
METHOD OF PAY	MENT (check a	ill that apply)			····			•
Check	edit Card	Money Order	Non	ne Other (please identify	y):		
x Deposit Account	Deposit Account N	 umber:04	-1105	Deposit	Account Name	Edwards Ang	ell Palmer & De	odge LLP
For the above-	identified depos	sit account, the D	Director is	hereby authorize			•	
	ee(s) indicated				-		· except for the	filing fee
Charge a	any additional fe	e(s) or underpay	yments of	Credit	any overpa	ivments		
fee(s) un	der 37 CFR 1.1	6 and 1.17			any overpe	lymono	- .	
FEE CALCULATIO								
. BASIC FILING, SEA				ADOU EEEO		ATION EEE	•	
	FIL	ING FEES Small Entity	SEF	ARCH FEES Small Entity	EXAMIN	ATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>		Fee (\$)	Fee (\$)	Fees Pai	id (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
EXCESS CLAIM FE e Description	ES						<u>Sr</u> <u>Fee (\$)</u>	nall Entity Fee (\$)
ach claim over 20 (in	•	•		•			52	26
sch independent clair	•	ding Reissues)					220	110
ultiple dependent cla							390	195
Total Claims	Extra Claims	Fee (\$)	<u>Fe</u>	e Paid (\$)		ultiple Depen		·
- or HP: IP = highest number of tot		f greater than 20.			Fee) (\$)	Fee Paid (\$)	
ndep. Claims	Extra Claims	Fee (\$)	Fe	e Paid (\$)				
- or HP =		x=						į
HP = highest number of ind	lependent claims p	aid for, if greater tha	an 3.					
APPLICATION SIZE f the specification an listings under 37 C	d drawings exc							
sheets or fraction t				•	oi siliali Cil	my for cacili	additiviiai JV	
. Total Sheets	Extra Sheets	- , , ,		Iditional 50 or frac	tion thereof	Fee (\$)	Fee Pa	<u>id (\$)</u>
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OTHER FEE(S)		•		•			Fees Pa	nid (\$)
Non-English Specifi	·	•	•	•				
Other (e.g., late filin	ig surcharge): -	1252 Extension	n for res	ponse within se	cond mor	nth	490.	00
BMITTED BY	1/1			1				
nature	MMZ			Registration No. (Attorney/Agent)	29,325	Telephone	(617) 239-0	0233
me (Print/Type) Ralph	A. Loren	·				Date 🗥	1 16, 2009	
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